

Los Alamos

NATIONAL LABORATORY

memorandum

Science & Technology Base Programs
Education Program Office (STB-EPO)

To/MS: **Master Management**
Thru: Kurt Steinhaus, STB/EPO, M709
From: Mary Anne With, STB/EPO, M709
Phone/Fax: 5-5306/FAX 5-6871
Symbol: EPO-01-012
Date: March 19, 2001

CALL FOR POSTDOCTORAL PACKAGES

The Postdoctoral Committee will meet May 21, 2001 to review candidates for Postdoctoral Fellow, Postdoctoral Research Associate, and Intelligence Community Postdoctoral appointments. Sponsors should be familiar with the Postdoctoral Program Rules and Guidelines located at <http://www.hr.lanl.gov/postdoc/>. For further information regarding these fellowships, access <http://www.hr.lanl.gov/Postdoc/postdoctoralprogram.stm#Types of Positions>. Candidates approved at this meeting for Director's funding (Postdoctoral Fellows) must accept or decline their formal offers by July 10, 2001. All approved Postdoctoral candidates must report to work by February 2002.

Attached is a listing of submittal requirements ([Attachment A](#)). Sponsors must submit their original package(s) to their assigned committee member for review and approval ([Attachment C](#)) by **April 25, 2001**. Packages will NOT be accepted without the assigned or an alternate committee member's signature, AND the required Division Director's signature. Packages are due to **HR-5 Staffing/Postdoctoral Program Office** (located in Personnel on the main floor of the Otowi Building) by **April 30, 2001**.

The **Research Proposal** must be written by the candidate after discussing the research possibilities with the sponsor. The one-page proposal is to be written at a "Scientific American" level; i.e., for a broad technical audience, with field-specific terms explained, and must demonstrate how it complements both the candidate's and the group's interests. It is strongly encouraged that **letters of recommendation** include quantitative measures in the evaluation of the candidate, e.g., student ranking in graduate school. For **specific guidance** regarding the preparation of postdoctoral packages, access <http://www.hr.lanl.gov/hrstaffing/Postdoc/guide.stm>.

It is the sponsor's responsibility to ensure that each package contains the appropriate information and is submitted by the deadline. Late and incomplete packages will NOT be accepted for Postdoctoral Fellow (Director's funding) consideration at the May meeting, but the sponsor has the option to submit the package at the next meeting in August. Postdoctoral packages for programmatic (division) funding may be submitted for review throughout the year, as well as at the quarterly meetings. Package requirements are the same.

The Postdoctoral Program is an excellent avenue for attracting highly qualified minority and female applicants. Laboratory staff/management are encouraged to actively recruit these diversity candidates. **Questions relating to the preparation of the packages should be addressed to the Postdoctoral Program Office, 7-0872.** Questions regarding qualifications of candidates or exceptions should be addressed to the committee member representing your division (Attachment C).

Attachments:

- A. Postdoctoral Package Requirements
- B. Postdoctoral Candidate Summary
- C. Listing of Postdoctoral Committee Members
- D. Personal Demographic Data Form

POSTDOCTORAL PACKAGE REQUIREMENTS

ATTACHMENT A

The information contained in the postdoctoral package is personal information and must be treated in accordance with University of California legal requirements and applicable California and federal privacy laws.

A complete postdoctoral package consists of the following documentation **in the order indicated**. Refer to the guidance provided for preparing an effective postdoctoral package located at <http://www.hr.lanl.gov/hrstaffing/Postdoc/guide.stm>.

- Postdoctoral Candidate Summary ([Attachment B](#))
 - Nominating Memo written by sponsor (typed, one page)
 - Research Proposal written by candidate (typed, one page, Scientific American level)
 - Three external letters of recommendation *
 - Official undergraduate and graduate transcripts (copies or faxed copies acceptable)
If degree has been completed, transcripts must reflect degree date
 - Resume, including publications listing
 - Completed Personal Demographic Data Form (Attachment D)
Note: Even though this is a voluntary form, we strongly encourage sponsors to have their candidates complete it. It provides the opportunity to gather demographic data on the candidate
- * For those candidates who have completed a significant amount of research at the Laboratory, one additional letter from an internal staff member may be included.

Please note the following:

- For those candidates who are currently GRAs and have completed a significant amount of their doctoral research at the Laboratory, the sponsor must contact the Postdoc office at 7-0872 before proceeding with completing the postdoctoral package

PRIOR TO COPYING, remove the completed Personal Demographic Data Form from the original package

COPIES MUST BE DOUBLE-SIDED (please verify that all copies are complete and in proper order!)

AFTER COPYING, return the completed personal demographic data form to the original package

SUBMIT **ORIGINAL** PACKAGE AND **SIX (6) DOUBLE-SIDED** COPIES TO:

Postdoc Program Office, MS-P290
Otowi Building
By 5:00 p.m., April 30, 2001

ATTACHMENT B

Name of Candidate: _____

Citizenship: _____

Type of Appointment:	JRO	RPF	FR	Fellow	Research Associate	Intelligence Community
----------------------	-----	-----	----	--------	--------------------	------------------------

Visa Type:	Date Granted:	Expiration Date:
------------	---------------	------------------

Sponsor Name:	Group:	Mail Stop:	Phone #:	E-Mail:
Sponsor Name:	Group:	Mail Stop:	Phone #:	E-Mail:

Date Ph.D. Completed/Anticipated (*month/year*): _____

Ph.D. Awarding Institution and GPA: _____

Ph.D. Field: _____

Undergraduate Institution and GPA: _____

Anticipated Start Date (*month/year*): _____

Proposed Laboratory Research Subject: _____

Current Position: _____

How was this candidate brought to your attention? _____

Signature Block

PLEASE NOTE: This form must originate from Sponsor(s) through Directorate Management to the Postdoctoral Committee unless approval authority has been delegated to group level or equivalent.

Sponsor(s) Name	Signature	Date
------------------------	------------------	-------------

Group Leader/Project Manager	Signature	Date
-------------------------------------	------------------	-------------

Division Director	Signature	Date
--------------------------	------------------	-------------

Committee Member	Signature	Date
-------------------------	------------------	-------------

ATTACHMENT C

COMMITTEE MEMBER	GROUP	REPRESENTATIVE FOR	PHONE	EMAIL
Chuck Bathke	TSA-3	TSA	7-7214	bathke@lanl.gov
Joseph Borovsky	NIS-1	NIS	7-8368	jborovsky@lanl.gov
Paul Bradley	X-2	X	7-8999	pbradley@lanl.gov
Harry A. Crissman	B-N2	B, P-21	7-2791	hacrissman@lanl.gov
Scott Doebling	ESA-EA	ESA, FWO	7-6950	doebling@lanl.gov
(Chair) Robert D. Fulton	P-23	P-22, 24s	7-2652	dfulton@lanl.gov
P. Chris Hammel	MST-10	MST-10, 11, STC, NHMFL	5-0759	pch@lanl.gov
Donald Hickmott	EES-1	EES, ESH	7-8753	dhickmott@lanl.gov
Raymond Laflamme	T-6	T-6,7,8,13,15,16,CNLS	5-3394	laflamme@lanl.gov
Michael Nastasi	MST-8	MST-6,7,8, LANSCE-Lujan	7-7007	nasty@lanl.gov
Karen I. Pao	CCS-3	CCS, CCN	7-6397	kip@lanl.gov
Lawrence R. Pratt	T-12	T-1,3,4,10,11,12,14,T-DOT	7-8624	lrp@lanl.gov
Paul Rightley	DX-3	DX	7-0460	doebling@lanl.gov
Wolfgang Runde	E-ET	E	7-3350	runde@lanl.gov
Vernon Sandberg	P-25	LANSCE-3 / P-23, 25	7-7268	sandberg@lanl.gov
Greg Smith	LANSCE-12	LANSCE-1,2,5,6,7,8,9,12	5-2842	gsmith@lanl.gov
Dane Spearing	NMT-11	NMT	5-1465	dane@lanl.gov
(Vice-Chair) David J. Vieira	C-INC	C-INC, ACT, SIC	7-7231	vieira@lanl.gov
Chuck Wilkerson	C-ADI	C-ADI, PCS, ACS, AAC	7-5966	cww@lanl.gov

Los Alamos

NATIONAL LABORATORY

Human Resources Division - Mail Stop P286
Los Alamos, New Mexico 87545

Attachment D

PERSONAL DEMOGRAPHIC DATA

RID (for HR-S use only)

Name (Last, First, Middle)

Please Print or Type

RID#

Los Alamos National Laboratory is asking all applicants for employment to complete this form in order to comply with Federal Affirmative Action and Equal Employment Opportunity requirements. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts. This information is being requested on a voluntary basis. No adverse consequence will affect you, should you choose not to provide this information. Information regarding access to Laboratory records which contain personal information about you may be obtained by contacting the Information Practices Office at the Laboratory.

Note: A test is required for some secretarial and clerical positions. Call (505) 667-1844 to schedule a testing time.

Instructions: Please identify the appropriate race or ethnic category, veteran, disability status, gender, Social Security Number and birth date by marking or filling in the appropriate boxes. If two or more ethnic categories are applicable, choose the one category with which you most closely identify.

Racial or Ethnic Category

<input type="checkbox"/>	White <i>Not of Hispanic Origin</i>	A person having origins in any of the peoples of Europe, North Africa, or the Middle East
<input type="checkbox"/>	Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race
<input type="checkbox"/>	American Indian or Alaskan Native	A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition
<input type="checkbox"/>	Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands
<input type="checkbox"/>	Black <i>Not of Hispanic Origin</i>	A person having origins in any of the Black racial groups of Africa

Veteran Information

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you a veteran of the Vietnam era?	Served on active duty for a period of more than 180 days--any part of which occurred between August 5, 1964 & May 7, 1973
--	---------------------------------------	--	---

Disability Information

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you a special disabled veteran?	10% or more disability rating with a serious employment disability.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you disabled?	If you are disabled, it would assist us if you would tell us the accommodations we might make, that would enable you to perform job requirements properly and safely. Please specify your disability .

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Permanent Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number	Date of Birth

Signature

Date